Amendment Claims Application or Docket Number

DATENT ADDITIONATION FEE I

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		CLA		S FILED Column 1)			umn 2)		SMALL	ENTTY	OR	OTHE	R THAN ENTITY
F	D R		NUMB	ER FILED)	NUMBER	EXTRA	Γ	RATE	FEE	7	RATE	FEE
B/	SIC FEE					1 <u></u>					OR		840
TOTAL CLAIMS				/ minu	rs 20 =				X\$ 9=		OR	X\$18=	306
40	EPENDENT C		/ mint	us 3 =			上	X39=		1	X78=	1 200	
{(LTIPLE DEPE	NDENT	CLAIM P	RESENT		l		-			OR		-
-	the difference	o io colu	mn 1 io	lana than				L	+130=		OR	+260=	
įŧ	the difference						column 2	•	TOTAL		OR	TOTAL	1146
		(Colt	<i>i</i> ma 1)	MENDE	(0	Column 2)	(Column 3)		BWALL.	ЕНТТҮ	OR	OTHER	THAN ENTITY
-		REMA AF	AIMS AINING TER DMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total •	. 3	37	Minus	44	20	E		X\$ 8=	·	OR	X\$18=	
	Independent	* *	4	Minus	444	. 3	E		X39=		OR	X78=	
				1		· · · · · · · · · · · · · · · · · · ·							
	FIRST PRESE	OITATIO	N OF M	ULTIPLE D	EPENC	DENT CLAIM		-				+260=	
	FIRST PRESE	OITATIO	N OF M	ULTIPLE D	EPENC	DENT CLAIM		-	+130= .	·	OR	+260=	
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	FIRST PRESI	(Colu	M OF MI	ULTIPLE D	(C	COLUMN 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT	20	+130= .	ADDI- TIONAL FEE	OR	TOTAL	ADDI-
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